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APPLICANTS Daniel Craig Stewart, Newstead, AUSTRALIA; Robert Warring Geddes, Newstead, AUSTRALIA; Roy Tudor Brewer, Gayndah, AUSTRALIA; Craig Wilson, Bondi Junction, AUSTRALIA;																				
** CONTINUING DATA ***** This application is a 371 of PCT/AU04/01793 12/20/2004																				
** FOREIGN APPLICATIONS ***** AUSTRALIA 2003907029 12/18/2003																				
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/14/2008																				
<table border="1"> <tr> <td>Foreign Priority claimed</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td rowspan="3"> STATE OR COUNTRY AUSTRALIA </td> <td rowspan="3"> SHEETS DRAWINGS 11 </td> <td rowspan="3"> TOTAL CLAIMS 31 </td> <td rowspan="3"> INDEPENDENT CLAIMS 3 </td> </tr> <tr> <td>35 USC 119(a-d) conditions met</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Verified and</td> <td> <input type="checkbox"/> Met after Allowance /PRITESH ASHOK PATEL/ Examiner's Signature </td> </tr> <tr> <td>Acknowledged</td> <td></td> <td>Initials</td> <td></td> <td></td> <td></td> </tr> </table>					Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWINGS 11	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 3	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Verified and	<input type="checkbox"/> Met after Allowance /PRITESH ASHOK PATEL/ Examiner's Signature	Acknowledged		Initials			
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ADDRESS Stephen E Reiter Foley & Lardner P O Box 80278 San Diego, CA 92138-0278 UNITED STATES																				
TITLE Hypodermic Syringe																				
FILING FEE RECEIVED 1580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit																	